

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068491

FILED
Aug 27, 2009
Secretary of State

Entity Name: HANDY RANDY T. ROBERTS, INC.

Current Principal Place of Business:

8012 GREENSHIRE DRIVE
TAMPA, FL 33634

New Principal Place of Business:

12928 N OREGON AVE
TAMPA, FL 33612

Current Mailing Address:

8012 GREENSHIRE DRIVE
TAMPA, FL 33634

New Mailing Address:

12928 N OREGON AVE
TAMPA, FL 33612

FEI Number: 36-4610670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANNAVAN, JACQUELINE E
4340 SHERIDAN ST., 2ND FLOOR
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: ROBERTS, RANDY T
Address: 807 W. BRADDOCK ST.
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: ROBERTS, RANDY T
Address: 12928 N OREGON AVE
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDALL T ROBERTS JR

PVST

08/27/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date